



# CITYMARK INTERNATIONAL UNIVERSITY

## APPLICATION FORM

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Physical Contact Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program of Interest: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Professional Body Membership (if any): \_\_\_\_\_

Place of Work: \_\_\_\_\_

Position at Place of Work: \_\_\_\_\_

Years of Working Experience: \_\_\_\_\_

### CONSENT

☐ I declared in good-faith that the information provided above is true and correct. If for any reason I gain admission with misleading or false information, such admission will be terminated and any money paid to the University will not be refunded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_